



PATENT
ATTORNEY DOCKET NO: 0075/013001

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD OF AND AN APPARATUS FOR DETERMINING A VALUE OF A SKIN CHARACTERISTIC FOR APPLICATION OF PERMANENT MAKE-UP OR TATTOOING TO THE SKIN, the specification of which

___ is attached hereto.

X was filed on February 26, 2004 as Application Serial No. 10/786,469
and was amended on _____.

___ was described and claimed in PCT International Application No. _____
filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

<u>103 08 480.0</u>	<u>Germany</u>	<u>February 26, 2003</u>	<u>X</u>	_____
<u>10 2004 006 500.4</u>	<u>Germany</u>	<u>February 10, 2004</u>	<u>X</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
(Application Number)	(Country)	(Filing Date)	(Priority Claimed)	(Priority Not Claimed)

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Randolph A. Smith, Reg. No. 32,548.

Address all telephone calls to Randolph A. Smith at telephone number 202-530-5900.

Address all correspondence to Randolph A. Smith, Smith Patent Office, 1901 Pennsylvania Ave., N.W., Suite 200, Washington, D.C. 20006-3433 (Fax: 202-530-5902)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Jörn KLUGE

Inventor's Signature:  Date: June 3rd, 2004

Residence Address: Teltow, Germany

Citizen of: Germany

Post Office Address: c/o MediUm-TECH Medizingeräte GmbH, Gustav-Krone Straße 3, 14167
Berlin Germany

Full Name of Inventor: _____

Inventor's Signature: _____ Date: _____

Residence Address: _____

Citizen of: _____

Post Office Address: _____